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APPLICATION NO.	N NO. FILING DATE		FIRST NAMED INVENTOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/600,063	06/20/2003		Chad Allen Olstad			C920030023US1	5930
TITLE OF INVENTION:	LOW-OVERHEAD C	ONSISTENCY CHECK	FOR SHARED RESO	URCE USING F	11 FC:154 12 FC:154	••••	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAII	D ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300		\$ 0	\$1700	03/14/2007
EXAMI		ART UNIT	CLASS-SUBCLASS				
LIN, SHE	W FEN	2166	707-009000				
1. Change of corresponde CFR 1.363).	nce address or indicatio	n of "Fee Address" (37	2. For printing on t	•	• .	we I Wood. I	ierron & Evans, LLI
Change of corresponded Change of Change	or agents OR, alternatively,						
🔀 "Fee Address" indi	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
PTO/SB/47; Rev 03-0: Number is required.							
3. ASSIGNEÉ NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print o	r type)			
PLEASE NOTE: Unlo recordation as set forth	ess an assignee is ident in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	data will appear on the T a substitute for filing	e patent. If an an assignment.	assignee is id	lentified below, the de	neument has been filed for
(A) NAME OF ASSIG	NEE		(B) RESIDENCE: (C	ITY and STATE	OR COUNT	RY)	
INTERNATIONA	L BUSINESS MA	ACHINES CORPOR	ATION, Armoni	c, New Yo	rk 1050)4	
Please check the appropri	ate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual	⊠ Corporati	on or other private gro	up entity Government
4a. The following fee(s) a		(s): (Please first reapply any previously paid issue fee shown above)					
Issue Fee Delication Fee (N	A check is enclosed. Payment by credit card. Form PTO-2038 is attached.						
Advance Order - #	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any						
— Advance Older - #	- Copies		overpayment, to D	eposit Account	Number <u>09</u> _	0465 (enclose at	extra copy of this form).
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interest as shown by the re	ccords of the United Sta	tes Patent and Trademark	office.	an the applicant,	, a registered a	attorney of agent, of the	e assignce or other party in
Authorized Signature	1	W. (J) II	h	Date	Januar	y 30, 2007	
Typed or printed name					ation No3		
Mickellatia, Alighina 5531	J-14JU.	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR persons are required to re					by the USPTO to process) g gathering, preparing, and ne you require to complete trument of Commerce, P.O. for Patents, P.O. Box 1450, number.